

EQUAL OPPORTUNITIES COMMITTEE

Tuesday 5 May 2009

Session 3

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EQUAL OPPORTUNITIES COMMITTEE

7th Meeting 2009, Session 3

CONVENER

*Margaret Mitchell (Central Scotland) (Con)

DEPUTY CONVENER

*Marlyn Glen (North East Scotland) (Lab)

COMMITTEE MEMBERS

*Malcolm Chisholm (Edinburgh North and Leith) (Lab)

*Willie Coffey (Kilmarnock and Loudon) (SNP)

*Bill Kidd (Glasgow) (SNP)

Hugh O'Donnell (Central Scotland) (LD)

Elaine Smith (Coatbridge and Chryston) (Lab)

*Bill Wilson (West of Scotland) (SNP)

COMMITTEE SUBSTITUTES

Jackie Baillie (Dumbarton) (Lab)

Mary Scanlon (Highlands and Islands) (Con)

Margaret Smith (Edinburgh West) (LD)

Shirley-Anne Somerville (Lothians) (SNP)

*attended

THE FOLLOWING GAVE EVIDENCE:

Dr Willie Black (Forensic Network)

Sue Brookes (Scottish Prison Service)

Dr Nancy Loucks (Families Outside)

Dr Andrew McLellan (HM Chief Inspector of Prisons)

Provost Pat Reid (Cornton Vale Over-21s Visiting Committee)

Jim Scott (Cornton Vale Under-21s Visiting Committee)

CLERK TO THE COMMITTEE

Terry Shevlin

ASSISTANT CLERK

Rebecca Lamb

LOCATION

Committee Room 1

Scottish Parliament

Equal Opportunities Committee

Tuesday 5 May 2009

[THE CONVENER *opened the meeting at 10:00*]

Female Offenders in the Criminal Justice System Inquiry

The Convener (Margaret Mitchell): Good morning, everyone, and welcome to the seventh meeting in 2009 of the Equal Opportunities Committee. I remind all those present, including members, that mobile phones and BlackBerrys should be switched off completely, as they interfere with the sound system even when they are switched to silent.

We have received apologies from two committee members: Elaine Smith and Hugh O'Donnell.

Under item 1, the committee will take further oral evidence in its inquiry into female offenders in the criminal justice system. I remind everyone that the remit of the inquiry is to

“assess the prison experience for, and background of, female offenders, particularly the extent to which prison helps to prevent women from re-offending.”

The specific themes of today's meeting are whether the support that is available in prisons to help prevent women from re-entering the criminal justice system is effective, and whether specific groups of female prisoners require different interventions. A wide range of witnesses, who will be able to provide views on those issues, will appear before us.

I am pleased to welcome our first panel. Dr Andrew McLellan is Her Majesty's chief inspector of prisons, and Sue Brookes is head of offender strategy and partnership development at the Scottish Prison Service. Dr McLellan is due to retire from his post in June. We wish him a very happy retirement when it comes.

Dr Andrew McLellan (HM Chief Inspector of Prisons): Thank you.

The Convener: Sue Brookes is also a former governor of Cornton Vale. Given that our witnesses will talk about posts that they are out of, or will be out of shortly, perhaps they have an opportunity to be even more candid than usual.

My first question is a general one. Could improvements be made to the information that is gathered about female offenders and ex-offenders that would provide more precise evidence about

how prison helps or does not help to prevent reoffending?

Sue Brookes (Scottish Prison Service): We could probably improve our information gathering about all of our offender population. Currently, we run an integrated case management process, which is a joint process that involves prison-based and community social workers. Assessments of offenders are undertaken at various stages of that process. However, one of the greatest difficulties, which affects female offenders in particular, is that the majority of the resource is targeted at those who are subject to statutory supervision—that is, those who are serving four years or more. It is difficult to obtain information on admission about people who are not subject to statutory supervision or to undertake realistic assessments with people who are serving very short periods of time.

I have read the evidence on population numbers that was given to the committee by Ian Gunn and the chief executive of the Scottish Prison Service. I will try not to repeat what was said, but it is worth pointing out that the throughput issue exacerbates matters and makes information gathering difficult. When I was governor at Cornton Vale, we might have had 350 prisoners, but there were 200 admissions each month. The number of women cycling through the system about whom we quickly try to get information at the point of admission—they are very vulnerable then—makes things complicated.

Dr McLellan: My answer is not gender specific. Improvements could be made to the information that is gathered about both men and women. I have high hopes that the prospect of the medical care of prisoners becoming a national health service responsibility will significantly improve the information that is available to prisons when people enter them and to medical services in the community when people are released from prison. I know from the evidence that the committee has taken that there is a clear connection between prisoners' health—women prisoners' health, in particular—and their offending.

On the other hand, there is a positive side to the difficulty to which Mrs Brookes referred. I understand the difficulty of keeping track of people who are not under statutory supervision—of course, that is a major difficulty in preventing reoffending—but it must also be recognised that the people to whom Mrs Brookes referred have served short sentences. Once a person has served a short sentence, they are a free citizen; they ought to be considered to have paid their dues and penalties to society and they ought not to be subject to what they might perceive as unwished-for interference in areas of their lives.

The Convener: I asked my question specifically because the committee heard during the previous evidence session that Cornton Vale does not always track prisoners on release. Unless we know what happens when a person leaves prison, how can we assess whether anything that happened in prison—such as the extent to which they participated in rehabilitation programmes—had an impact on reoffending? Given the huge complexity of the problems that most individuals in Cornton Vale have, it seemed to the committee that it would be worth while to tease out that issue a little bit and to target where you think resources are being well spent and effective, and where there is a gap.

Sue Brookes: Andrew McLellan is right. There are issues to do with sharing information during transitions for male and female offenders, whether the person is entering or exiting prison. The movements that we are making with the Scottish Government towards having joint risk assessment tools, such as the stable and acute assessment tool, risk matrix 2000 and—eventually, I hope—the level of service case management inventory, or LSCMI, might help a bit with that. One of the issues for the committee will be the validity of those tools for female offenders as opposed to male offenders. I am not a risk assessment professional so I cannot talk about that, but there are certainly issues, in the same way that there are issues with programmes and interventions in ensuring that risk assessment tools are as valid for specific population groups as they are for adult male offenders. If we have common joint risk assessment tools across community and prison boundaries, there will be more opportunities for information to transfer back to the community.

The question whether prisons should follow up prisoners when they move into the community is probably more for community providers than for prisons. The issue is tracking research information across the boundaries.

The Convener: Improvements should be relatively easy with throughcare, but we know that throughcare does not always exist. However, that is a different subject.

Dr McLellan: I welcome your explanation of the thinking behind the question and the committee's determination to focus not simply on what happens in prison, but on the key moment of release from prison. Many people come into prison in a mess and are released from it into a mess, which generates further mess within them.

I was slightly chary about a defined system to share information about free citizens, but I am not chary at all about the need and necessity for people to have as much support as possible when they leave prison. It seems to me that there are two areas in the pretty gloomy world of the release

of prisoners in which significant improvements have been made in the past few years. The first is the development of an understanding by the Scottish Prison Service that it is critical for it to engage with community partners and outside agencies. If the service was ever to be judged on reoffending rates—as I think it could be—it would be important for it to continue to develop better relationships with organisations such as Jobcentre Plus and social work agencies. I am pleased that, in the past seven years, there has been a significant improvement in those relationships.

By far the most successful programme that I have seen for supporting prisoners after release, and the second development that I want to mention, is the routes out of prison programme, which puts the emphasis on people who have been prisoners. The programme is well developed in Barlinnie and Polmont prisons and it is beginning to be developed in Cornton Vale. Of course, ex-prisoners sometimes let prisoners down, but we must acknowledge that public agencies sometimes let prisoners down, too. The programme is in its early days, but the evidence on it is impressive.

The Convener: How do overcrowding and short-term sentences impact on reoffending rates, specifically for female offenders? Does overcrowding have the same impact on female offenders as it has on male prisoners?

Sue Brookes: To explain that, I will need to say a little more about the background of the female offenders. I am keen to highlight the key part that their trauma and abuse plays in their offending behaviour and their pathways into offending. That is played out in the prison in all kinds of practical and pragmatic ways. For example, their relationship skills are damaged and they need a lot of staff support and time. The number of staff contacts in a hall in Cornton Vale will be noticeably higher than that in a male prison. We have in excess of 400 women in custody—there were nearly 420 this morning, with home detention curfew numbers on top of that. When such overcrowding takes place, the reality is that staff simply do not have time to spend with the women and they become much more involved with the broader systems and processes that deliver basic things such as medication and food.

Many of the women who come into prison are acutely unwell, physically and mentally, and need high levels of support. That is my main concern. I visited Cornton Vale just last week, having not been there for several years. Sadly, I believe that aspects of the regime have eroded because of the population increases and the time constraints on staff. The staff have done an absolutely marvellous job given the prisoner numbers, but the regime is not as good as it could be.

The Convener: Is there a specific difference in the impact of overcrowding on male and female offenders? You suggest that the impact on female offenders is greater.

Sue Brookes: I will give a practical example. In my time at Cornton Vale, we created in Ross house a specific day care environment for women who were acutely vulnerable and unwell, physically and mentally. In the facility, we had mental health nurse support, a sensory room, occupational therapy support and some day care activity. It is clear that the staff are having difficulty in sustaining some of those services. When the prison is running with 400 women in custody, the nursing resource must be directed towards the essentials of giving out medication and ensuring that people do not harm themselves. Sometimes, it is just not possible to deploy resource where we would like to do so.

10:15

Marlyn Glen (North East Scotland) (Lab): You paint a fairly gloomy picture. I visited Cornton Vale when you were governor. It is worrying if overcrowding is making the situation worse. We will talk about alternatives to Cornton Vale later.

You made an important point about the improvement in health information exchange. That is a massive change. I have visited a Tayside Police custody suite that has nurses in place. That is such an obvious measure, which makes me think that we should have introduced it a long time ago.

I sympathise to an extent with the idea that, on release, offenders should have a new start, so that they are finished with the prison process. However, there is an information vacuum. Programmes are put in place, but how do we know whether they work if there are no firm statistics to show that?

Sorry—I have a lot of questions. You talked about prisoners coming in from a mess and going back out to a mess. During our previous evidence session, I was shocked to hear that although offenders are asked about prostitution—which is right and which should be done—they are not asked about domestic abuse. An offender can be released and have a new start, but they might be back in a situation of abuse. I am thinking not so much about risk assessment from society's point of view, but about risk to and lack of support for women who are released from prison.

Dr McLellan: I share your confusion about the criminal identity of prostitution. In recent years, suggestions have been made about a move away from criminalising women to a recognition of the significant part that men play. We must also

always recognise that there are male prostitutes as well as female ones.

While I am speaking, I hope that I can have a shot at answering Margaret Mitchell's question. I want to say a little about overcrowding, as there is a gender-specific issue. However, I begin by saying that there is a little green shoot in relation to overcrowding: although this week prisoner numbers in Scotland are the highest that they have ever been, the number of women prisoners has been dropping and is now the lowest that it has been this year. There is a slight suggestion of a green shoot.

On the more general issue of overcrowding, I do not agree with the Scottish Prison Service policy of concentrating all women prisoners in one site. By itself, that is a significant factor in the overcrowding in Cornton Vale. It is not fair or honest to say that we must bring all the female prisoners into a central location so that we have a critical mass that allows them to benefit from the available programmes and resources, and at the same time to say that, because the central location is overcrowded and there are waiting lists, it is not possible for those who are in prison for a short time to take advantage of the opportunities.

The argument against holding women in the prisons in Aberdeen, Inverness and Dumfries, which happened until fairly recently, was that the women could not access those programmes. However, almost all the women in the local units were there for a short time. They were mainly on remand, so they were there for five or seven days, or three weeks at the most. None of those people would ever have taken advantage of the critical mass in Cornton Vale, but the closure of the units has increased overcrowding in Cornton Vale significantly. Further, as I know the committee has heard repeatedly and as I want you to hear again, that closure severely impairs the family contact and support that women in Aberdeen, Inverness or Dumfries might otherwise have had.

The Convener: Is there an overcrowding issue for prisoners on remand? We have heard in written evidence that toilet facilities for the over-21s and the under-21s are really quite barbaric. That hardly starts the prison experience—whether or not it continues—on an exemplary footing.

Dr McLellan: I could talk about toilet facilities in Cornton Vale all day, and I am glad that the committee is paying attention to that. Year after year, reports condemn the lack of access to toilet facilities 24 hours a day in certain areas for a small number of women. It is shameful that that has continued to be the case up till this year. I should, however, point out that most prisoners on remand in Cornton Vale are held in a hall with very good living conditions.

The Convener: It was even suggested that some of the conditions in Cornton Vale were such that, were they to prevail in a male prison, the prisoners would be on the roof.

Sue Brookes: A range of issues is tied up in this. The first issue, from a governor's point of view, is that many of the buildings at Cornton Vale are quite old and not particularly fit for purpose, if only because they do not have good lines of sight. Without having very high staffing levels, it is quite difficult to supervise some of the vulnerable women.

Although it is not like me to do so, I take issue slightly with what Andrew McLellan said. I agree that we should try to get more female prisoners closer to home, but I disagree absolutely with the idea that we should reopen the facilities that used to exist at Aberdeen and Inverness. The reasons for closing those facilities were not just about access to programmes; in my view, some of the medical care that was available was not appropriate, and it was putting women at risk. It was entirely right, at the time, that we brought them into Cornton Vale.

We have recently opened a facility in Greenock, primarily because of the requirement of numbers. When we start to distribute women around the estate, we should do so with a proper specification for service, so that the women's needs and risks are not lost amid those of a male adult population in a bigger prison. We should do so with facilities that are properly designed for women prisoners.

In my time at Cornton Vale we built Wallace house, and invested in specific design requirements for women, such as showers in the rooms. We have a fantastic opportunity to do that with the opening of HMP Grampian. SPS has given a commitment potentially to accommodate women and young offenders in that facility when it opens. We are beginning a consultation about the design requirements for that establishment, which will give us opportunities to get a larger proportion of the female population closer to home than has previously been the case, certainly in the north. It is right to do that by considering services that are specific and appropriate to women.

It is right to note the equal opportunities issue about getting women closer to home and to their families, but I am aware of other jurisdictions in which legal challenges have been faced after women had initially been centralised in one prison and were then dispersed. The authorities were unable to provide an appropriate targeted and specialised regime for female offenders, and that, as I understand it, led to legal challenge on equal opportunities grounds, because it was no longer possible to provide specialist support. We must get a balance.

We keep talking about the dispersal of offenders on the basis of sentence length. Offenders who are serving only a short length of time can be closer to home; if they are doing a long sentence, perhaps they need to be in a centralised facility. Actually, we should be bringing people into HMP Grampian, for example, and making an individual assessment of their needs and risks—not based on the length of their sentence. We should determine that, if they are particularly vulnerable, they will have a high level of need or risk, with public protection issues, and they may require transfer to a central facility for particular interventions for set periods of their sentence, and then to move back to an area closer to home. That would mean a managed process that considers the needs and risks that are presented by the individual.

The Convener: Marlyn Glen has not yet had her question answered about prostitution being asked about on an offender's entry into prison, but abuse of any kind—domestic, violent or sexual—not being asked about. I would have thought that that was pretty basic.

Sue Brookes: I am not sure that that understanding is correct. Services are certainly available in Cornton Vale for women who have been abused. I suspect that it comes back to whether prisoners are serving a long or short period. When people join the induction process, they are generally asked whether they have any specific requirements. If they are serving a longer period and are subject to statutory supervision, and if we have more responsibilities regarding home leave, access to independent living units and a gradual transfer to the community, all those issues are likely to be researched, considered in depth and discussed with the woman. If they are serving only a short period, the most immediate needs are often to get someone to take care of their children, to get their methadone script sorted out and for them to have somewhere to live when they get out. It is simply not possible to resolve all those issues during a short period in custody.

Dr McLellan: I do not want the committee to lose sight of the centralising/localising issue. If Mrs Brookes is correct, and those three issues are the paramount questions for women who are serving short sentences, all three would be better answered closer to home rather than further from home. The Scottish Prison Service, and perhaps Mrs Brookes, has not quite addressed the point about the advantages of women being locally placed, rather than centralised. It is not only a question of having access to family; there is also a significant benefit to being in a small unit, and there might even be a gender equality issue in that regard. Men react badly to being in a very large body or unit, but women react even worse. In a

small unit of 10, 12 or 20 people, they have more opportunity to be themselves and to be listened to.

Bill Wilson (West of Scotland) (SNP): You say “a small unit”—might you have several small units within a prison, or do you mean a separate unit of 12?

Dr McLellan: The experience of the past, which I am defending, was units of 12 people in other, larger prisons.

Malcolm Chisholm (Edinburgh North and Leith) (Lab): I have a couple of questions about the causes of crime. You might feel that that is rather a big subject for a few minutes this morning, but it is important to get some comment on that in relation to women, given your experience. We have had a lot of written and oral evidence on the subject. I cannot quote from all of it, but I will refer to a couple of bits of evidence. A couple of weeks ago, Dr Andrew Fraser said to us:

“All of us must understand that what drives people to crime is a complex issue, but the main driver is poverty.”—*[Official Report, Equal Opportunities Committee, 21 April 2009; c 949.]*

In written evidence, the Scottish centre for crime and justice research referred to characteristics such as eating disorders and experience of sexual exploitation. The centre said:

“Such characteristics often result in the medicalisation and pathologisation of female offenders within policy discourse, reinforcing an image of the female offender as hapless and dependent victim. Recent contributions to the literature, however, have emphasised the need to acknowledge young women’s agency and approach their risk-seeking behaviour as an active (albeit misguided) attempt to exercise control”.

There are different views on that, and we are interested about the extent to which, in the midst of all that, there is consensus around the causes of female offending. If there is not consensus, it would be interesting to know your approach to that question, given your long experience.

Sue Brookes: My view is that many women come into offending as a result of difficulties in their relationships. Much of that involves an experience or background of physical, mental or sexual abuse. Some of that is extreme and prolonged. That is not to say that the women should be treated only as victims. In my time at Cornton Vale, I tried very hard to help the staff to understand that the women there were adult women, with choices to make and responsibilities, both to themselves and to their families, and that treating them as victims, almost as children, was not helpful to them in addressing their reoffending and moving forward in their lives. In some respects, both those observations are correct.

One of the things on my list of what I wanted to tell the committee is that I would like there to be

much more emphasis on early intervention. If you really want to stop offending by women, and if you want to stop serious offending such as sex offending, we need to invest much more in children’s experience and in addressing issues around parenting and trauma. It would be great if every child whose mother ended up in Cornton Vale could have some kind of mentoring support in the community to help them to deal with what has happened in their lives and to break some of the cycles of offending.

For me, the issue is about trauma, abuse and relationship damage, which often has an impact on how people behave and experience custody. Dr McLellan is right to say that the experience of imprisonment can be worse for women than it is for men. Certainly, it is a different experience for women.

10:30

Dr McLellan: You hardly ever meet a prisoner who is not poor, a woman prisoner who is not an addict, a woman prisoner who is not afraid, or a prisoner who has been loved and cherished. Some of those factors are non-gender specific, but two of them are—addiction levels are higher among women prisoners than among male prisoners, and women prisoners are more likely to be afraid.

One of the submissions that you received talked about young women prisoners flexing their muscles, expressing their independence and displaying a macho, young girl bravado. I have met few such young women; I have just carried out an inspection of the under-21 population in Greenock, and I do not recognise that description. Mrs Brookes is right to say that women prisoners must not be characterised as victims, but it is also true that their life history involves their being told what to do by men.

Malcolm Chisholm: Previous witnesses have suggested that some people stop offending not because of intervention by the criminal justice system but simply because they are getting older or whatever. It has also been suggested, however, that some people never change their offending behaviour—I would not like to think that that is the case, of course. Will you comment on those two scenarios and say what implications each of them might have for public policy?

Sue Brookes: I suspect that the most important issue for women in relation to reducing or preventing reoffending involves repairing relationship damage. In throughcare, it seems to be important for them to be able to develop a consistent and trusting relationship with the service—ideally with one person who can transcend the boundaries between community and

prison. It is important that they get the opportunity before they are released to meet people from organisations such as Routes Out of Prison. I suspect that the reason why that organisation and the 218 centre in Glasgow work quite well is that they create opportunities for people to develop trusting and supportive relationships.

Safety issues—having a safe prescription if they are chemically dependent, being physically safe and so on—are as important to the women we are talking about as any long-term programme. Things such as managing debt, arranging care for their children and knowing that they will be able to live somewhere where they will not be abused are critical, but having one person who can take an interest in them and take them around the various services is key.

Dr McLellan: Could you repeat the question, Malcolm?

Malcolm Chisholm: It has been suggested to the committee that some people stop offending not because of intervention by the criminal justice system but simply because they grow out of it. However, more than one person has suggested that some people never change their offending behaviour. To what extent do you think that those scenarios ring true, and what do you think the implications of each of them might be for public policy?

Dr McLellan: The sad reality is that a lot of people do not commit crimes as old people because they die before they get old. People who have a prison background tend to die much younger than other people. That is not just because they have been in prison, of course; there is a complex of issues. However, that significantly affects the average age of offending.

Cornton Vale has quite a wide cross-section. There are prisoners there in their mid-60s. Selling drugs is a possibility that appeals to people who are not necessarily young.

Bill Kidd (Glasgow) (SNP): A lot of the evidence that we have received so far has questioned the purpose and effectiveness of short-term prison sentences in view of family disruption and separation from children, in particular for female offenders. There is a widespread view—in the population, if not in the media—that such short-term sentences do not always take into account the harm that offenders have caused to other individuals or communities. Do you have a view on that matter?

Sue Brookes: My view is that prison is an expensive option and that it should therefore be reserved for people who need to be there, not people who are ill and vulnerable. Andrew McLellan mentioned the level of physical illness that exists in the prison population. I have never

come across so many people who are acutely physically unwell as I did in Cornton Vale. We received women in wheelchairs and women who were terminally ill. Prison is not a helpful place for such people, who could not possibly have posed a risk to the general population in that kind of condition.

The number of women in Cornton Vale with acute illness is an equal opportunities issue, because the dynamic is slightly different from that of the male population and those women require more intensive support.

Another issue that might interest the committee concerns the current discussions on community sentences and payback. Payback is a great thing, but it has been suggested that it might be helpful if we have different types of payback opportunities for female offenders from what we have for male offenders. In my experience, female offenders tend to be much more responsive to restorative approaches, so you might want to focus more on orders around parenting and parenting support, if an offender happens to be the sole carer of a child. I am not saying that that approach might not be applicable to men as well, but we should perhaps consider that slightly different dynamic as we develop new community options.

Bill Kidd: Do you feel that people in society think that the only way to remedy a situation involving someone who has committed a crime is through the imposition of a prison sentence? If so, do we need to educate people to show them that that might not be the best route to go down?

Sue Brookes: It might be a media problem. Problems are portrayed in a variety of ways and, if you ask a member of the public, “Do you want this amount of money to be spent on keeping someone in prison for a couple of weeks, or would you rather that it went into health care and education for your children?” I suspect that they would go for the latter option—I know that I would.

We need to move money into early intervention to ensure that our current generation of children do not become the next generation of people in Cornton Vale and Barlinnie.

Dr McLellan: I welcome the discussion about restorative justice. There is no doubt that the primary concern of most decent people is the needs of victims, and that concern is hardly met by our present criminal justice system. Whenever a system is described that in some sense takes account of the needs of the victim—whether that victim is an individual or a community—it always engages the sympathy and support of people. I hope that there will be an emphasis on restorative justice in the future.

The argument about short sentences doing no good is unanswerable, as long as the conversation

is restricted to a view that the purpose of prison is to rehabilitate. The chief executive of the Scottish Prison Service uses a phrase that I like to use as well, which is that imprisonment sometimes does good but always does harm. That is specifically true of short sentences. There are arguments that prison sentences exist for other reasons as well—sheriffs always say that they send people to prison for short sentences only because they have repeatedly failed to participate in community programmes—but that is not an argument against good, well-supervised and well-resourced community programmes.

The Convener: I want to tease out the debate on short-term sentences given that one of the most shocking pieces of evidence the committee heard was that some women willingly seek to go to prison for a short sentence as respite because they get help there and time to themselves. To what extent are they contributing to the short-sentence population because they see value in prison for those reasons? Can anything be done in a short-term sentence—anything up to six months in recent thinking—to enable someone to identify at least on the surface what the issues are and at the very least to signpost to them some help that is available when they leave prison?

Sue Brookes: We certainly offer services to women who are in prison for short periods of time. Female offenders have openly said to me that they requested in court to come to Cornton Vale and that, had they not done so, their addictions would probably have killed them.

Sheriffs will say that the predominant issue that is slightly different for female offenders is the amount of chaos that is in their lives and the complexity of the different issues that they face: usually with a female offender there will be a mental health problem, an addiction problem, an abuse problem and another problem all rolled up together. Often, when they present at court initially they are very chaotic, and I guess that the judiciary feels that if they are bailed that they will not come back.

Often, there is a genuine concern that there are no services in the community and that, if the women are not sent to Cornton Vale, they will damage themselves, but that is not a reason for sending them to prison. They should come to prison only if the risk represented to the public is the imperative. Earlier I spoke about consistency of relationships. What would be effective in keeping women out of prison would be more opportunities for mentoring while they are on bail and ensuring that they access services while reports are being prepared on them so that they do not come in on remand.

When women come into prison for short periods of time, we do a very basic assessment. They go

through an induction process at Cornton Vale, and they get access to services. However, that is not done in an holistic, case-conferenced way. The immediate priorities tend to be addictions, housing and family care.

The Convener: Thank you—that is helpful.

Dr McLellan: Not only have I met prisoners who wanted to be in Cornton Vale and so committed crimes, I have met prisoners who were determined to prolong the judicial process as much as possible, knowing that at the end they would be found not guilty but that being on remand was safer. We spoke earlier about the need for supervision in the community: there might be a gender specific issue but sometimes women need protection in the community more than supervision.

On the more general issue of the value of short-term sentences, perhaps the easiest thing for people to think about is learning to read. Some of the programmes that are available in Cornton Vale require a certain technical understanding but all of us know what learning to read means. Being able to read would make a huge difference to prisoners on release, but someone needs to be exceptionally quick to learn to read in a few weeks. Most of our prisoners are not exceptionally quick.

The Convener: On average, what percentage of women in Cornton Vale have literacy and numeracy difficulties?

Sue Brookes: I cannot remember the exact percentage, nor can I remember whether it is significantly different from the male population, but I have no doubt that we can provide those statistics.

The Convener: That would be very helpful.

Willie Coffey (Kilmarnock and Loudoun) (SNP): Will you say more about non-custodial versus custodial disposals? That debate is taking place at the moment. Do you think that it is more effective to deal with such disposals in the community? If you have supporting evidence to back up what you say, will you offer it to the committee? From some remarks that Sue Brookes made earlier, I have an inclination as to what she thinks.

10:45

Sue Brookes: I particularly like the 218 centre in Glasgow. I do not know whether you have had the opportunity to visit it, but it is a fantastic facility, although I do not know if there is real evidence to show that it has reduced prison numbers overall.

It is clear that, in general, the numbers of women in custody have gone up, but the last time

I looked at the numbers of women in custody across different community justice authority areas, the pattern seemed to be different. During my time at Cornton Vale, there were a significant number of women from the Glasgow area, and they tended to predominate in the population. Now, the numbers across the CJA areas seem to be more evenly spread—so, for example, more women are coming in from the north.

I do not know whether the 218 centre has made a huge difference, although it may have slowed down the increase in numbers of those coming from the Glasgow area—if that makes sense. I know that it is difficult to replicate the 218 service outside an urban setting, but we could put a centre in Edinburgh and a centre in the Aberdeen area—on the basis of the numbers, that would be helpful. Equally, some of the principles behind the services that are available in 218 could perhaps be used in a slightly different way in rural areas, rather than have a specific facility in a particular building.

Andrew McLellan talked about prison design and the opportunities for getting people closer to home. At Cornton Vale, we opened independent living unit facilities in normal houses immediately adjacent to the prison. That gave us the opportunity to move women out of the prison and into the community more gradually.

The SPS could, as part of its future policy, consider whether each of the community prisons could have such independent living unit facilities nearby, and whether they could be used more for transition into the community, for men as well as women. Such smaller models are around and are probably reasonably effective. They can sometimes be quite expensive, however, so we need to consider all the issues.

Dr McLellan: Three factors skew the argument. One is the determination of those who oppose a greater use of community sentences to pretend that they would be used for people who commit crimes of violence. Very few people think that people who have committed serious violent crimes should not be in prison.

Secondly, almost all community placements and community service orders are not well funded or well supervised. Thirdly, all the community placements have to justify themselves in a way that prison never has to do. It seems that the most significant statistical arguments in favour of community placements are those that show how hopeless prison is in reducing reoffending.

It is clear that I have not expressed myself very well if you think that Mrs Brookes is in favour of more use of community sentences—as she is—but that I am not. I am very much in favour, for a whole variety of reasons to do with the public purse, the hopelessness of prison as a way of

reducing reoffending, my frustration at seeing prisoners lying in bed day after day doing nothing useful, and my concern—which I expressed earlier—that the victims need to be compensated in some way.

Willie Coffey: Has anybody looked at the on-going impact on the wider community—such as the victims, as you mentioned—and at whether the community is ready to accept the principle of more community disposals?

Sue Brookes: I do not know about more community disposals; it would help if there was perhaps more consistency. I will try to explain that as best I can. In the service level framework for prisons, there is a one-page document that refers to the core plus model and sets out the different sentence lengths for offenders and the minimum standard of service provision that they could reasonably expect. There is an adaptation of that for women, because during my time at Cornton Vale I insisted that we add some things to it that were specific to female offenders.

Given that there are 32 local authorities and eight CJAs, it is difficult to have a one-page map of the minimum standard of service provision that would be available to any offender—let alone to female offenders—in different geographical sections of Scotland. I could liberate one woman from Cornton Vale to Aberdeen and another to Dumfries, for example, with no guarantee of their getting the same level of service provision. Such provision should be dictated by their needs and risks, not by the length of their sentences. We must have a consistent model across community and prison boundaries of the minimum standard of service provision for offenders. Different types of offenders, such as young adults, women, people on remand and lifers, have different service requirements, so we should have a common understanding of what the minimum requirement is. Does that make sense?

Willie Coffey: Yes. That is helpful. My final question will put both witnesses on the spot. I would like it if everything that you mentioned could be done. Realistically, though, on what would it be most effective to target our resources in order to reduce reoffending?

Sue Brookes: I would target them on pre-school education, parenting, young children and helping society understand the impact of abuse on offending. My mother was an infant teacher, and she said that, when they walked into reception class, she could tell which children would, sadly, end up in prison—it can be recognised that early in life.

Dr McLellan: Not for the first time, Mrs Brookes is right. There is startling evidence that children who are deprived of love and care, particularly in

families that are the second or third generation to have been so deprived, never get over that. It is therefore key to make interventions as early as possible in children's lives.

If I might, I will make two other points on community placements. First, there is a deep need for community placements to begin at the moment of sentence. When people wait for weeks for a placement, which is so different from imprisonment, it is damaging. Secondly, it would not be difficult for the Equal Opportunities Committee to establish that most community service orders are designed with men in mind.

Marlyn Glen: There seems to be consensus here, which should be good but is in fact depressing. If there is consensus about how good the 218 centre is, why do we not have another one or even plans for another one? We seem to agree that prisons are harmful for women offenders who are not a danger to society. Mrs Brookes suggested replicating Glasgow's 218 centre in Edinburgh and—I am just checking whether I have got this right—perhaps using the same kind of ideas and practices in other areas, too. I believe that it would be right to do that, but I am still concerned about whether an evaluation of the 218 centre can prove that it is significantly better at preventing women from reoffending. There seems to be a statistical vacuum in that respect.

Sue Brookes: The 218 centre is being evaluated, but it takes a long time to do longitudinal research. From what I have seen of the initial evaluation, the women say that the centre helps them. We will need to look at statistical data to ascertain whether that has affected the spread of Cornton Vale's population, but anecdotally it seems that a smaller proportion is coming from the Glasgow area, which perhaps indicates how effective the 218 centre is being. As Andrew McLellan said, sending to prison women who are not a danger to society is unhelpful and a waste of money. From my point of view, that is the bottom line: society should spend its money more wisely than that.

Marlyn Glen: I think that we agree, too, that we need proper funding for community placements and that there are insufficient placements for women.

Dr McLellan: I thought that the Turning Point people gave the committee good, persuasive evidence about the effectiveness of the 218 project. In a world in which people like to be cynical and critical, I have never heard anybody say, "The 218 project is rubbish." The reason why we do not have more centres is that, in the short term, they are an expensive way of dealing with people—but how expensive is reoffending?

Sue Brookes: One argument that I have heard advanced relates to community support—people say that the 218 project cannot be replicated because there are not enough women in other areas to make it viable. I do not see why a 218 centre should be restricted to women who offend. If we had centres for women in the community who need support, whether or not they have offended, we might do a lot of preventive work, both for women as individuals and for families. If centres were not limited to offenders but were community resources more generally, we might reduce the stigma that is associated with women approaching and accessing services. CJAs could pursue that option.

The Convener: The 218 centre is used in cases in which everything else has failed and for offenders who have been in and out of prison—the revolving-door syndrome has been mentioned. The centre seems to work but, as Dr McLellan said, people know that they must participate in the programmes. Instead of mixing things up, should we not look at 218 on its merits for the section of prisoners that I have described? Should we not consider establishing some other kind of secure unit for people who face a prison sentence for the first time? Such units exist in other countries. I would like to tease out what facilities are missing in the community. I am referring not to community sentences but to secure accommodation other than the 218 centre. Is there a gap?

Sue Brookes: If women are such a significant risk to society that they require secure accommodation, an appropriately designed prison is probably the right place for them.

The Convener: I am referring to women who are not necessarily a risk to society but are a risk to themselves. As Dr McLellan said, everyone agrees that prison is the appropriate place for people who are a risk to society.

Sue Brookes: There are different ways of addressing the issue. Earlier I spoke about mentoring support. We could have properly structured and supported bail hostels that are specific to the needs of women but not as intensive as the 218 centre. There are other opportunities. We no longer have a big secure facility in Carstairs, but we have a lot of additional hospital-type provision that is not as secure and could be used differently if women require it. One of my main concerns is that the more secure units we build, the more we will fill. That is one issue for Cornton Vale—the more people think that it is a place of safety where women can get services, the more women we will get there. History and tradition tend to show that that is why the numbers are climbing.

Dr McLellan: I am more supportive of your suggestion than Mrs Brookes is—for two reasons,

both of which were mentioned earlier. First, many women in prison do not need high security. The last thing that they will do is run away—prison is where they want to be—so they do not need all the hugely expensive apparatus that goes into a prison. Secondly, I have tried to suggest to the committee more than once that it is beneficial in itself to people for them to live in a small unit.

Marlyn Glen: I want to pursue that point. We do not want to go back to having small units that are not properly resourced, but I am interested in the comments about relationship building being key and it being really important for women to have a relationship with one person. If we do that at Cornton Vale, what happens when the women go out to the 32 local authorities, where there is no such relationship? Would having smaller units spread around Scotland be a good way of addressing the issue?

Sue Brookes: We will get that, in part, when we start to build new prisons such as Grampian, where there will be a facility for female offenders. Clearly, the number of women held there will be smaller; it will not be a small unit in the community, but the women will be based in the north and will have access to CJAs in the area.

Marlyn Glen: There are questions about the prison's location. It is in the north, but it is in the extreme north-east. That is a long distance even for someone from Dundee to travel.

Sue Brookes: We can probably disperse women around the system more generally. It is unlikely that we will be able to disperse them in very small numbers in every prison because they require particular services. It may be that options such as 218, which puts more people in a community setting, are a better way of providing a small unit experience or environment.

11:00

Marlyn Glen: Do you wish to add anything, Dr McLellan?

Dr McLellan: I hope that I have made my support for the dispersal of small units as clear as possible.

Malcolm Chisholm: We have heard quite a lot about mental health this morning. Last week, Dr Andrew Fraser, who talked at great length about the matter, said:

"There are two broad types of mental health problem. One is severe and enduring mental illness, which ... affects 6 to 9 per cent of women ... It might be argued that people with severe and enduring mental health problems would be better placed in a hospital setting."

He also said:

"The majority of prisoners—especially women prisoners—have other mental health problems of varying

degrees, which are mainly depression, anxiety and stress related"

and suggested that 70 or 80 per cent of prisoners have mental health problems. Interestingly, Dr Fraser also said that, according to surveys,

"about 80 per cent"

of women—and, indeed, men—

"felt better about themselves on release"—[*Official Report, Equal Opportunities Committee*, 21 April 2009; c 935, 936, 938.]

from prison than they did when they went in.

Using those statements as a starting point, can you give us your general view of mental health problems in Cornton Vale? To what extent are prison services able to engage with mental health problems? Given your previous comments, would it be better for the mental health of many of the women if they were elsewhere?

Sue Brookes: It certainly would be better for them to be elsewhere. The Prison Reform Trust is absolutely right to say:

"Prison is a punishment of last resort. It is cruel to lock up mentally ill women and it does lasting harm to them and their families."

Certainly in my time at Cornton Vale, most women who were unwell gained access to a hospital bed within a reasonable period of time. However, because their behaviour can be so florid and destructive, they absorb a huge amount of staff time while they are in prison. That said, the much bigger problem is the wider group of women who, as you say, are depressed or anxious but are not mentally ill to the extent that they have to be hospitalised.

Prison can be very damaging for women, because many of them come from a background of abuse. As Andrew McLellan said earlier, many of them have been controlled—often, but not solely, by men—all their lives. The fact that prisons are big, very rule-bound institutions in which you get all sorts of instructions about when you can get up, when you can eat and what you can do disempowers women even more, and that loss of control can lead to an increase in self-harming behaviour. One of the major issues with women in a prison regime is to reduce the amount of overcontrol and to empower them as much as possible, because I suspect that such an approach reduces the amount of damage that they do to themselves.

The management of mental health in prison raises real issues. I am not an expert in the area, but I imagine that many of the women are often suffering what might be described as post-traumatic stress disorder. Moreover, if women in Ross house, for example, display extreme

behaviour, it can make the environment very difficult, frightening and distressing for others.

Dr McLellan: This is indeed a real issue for the committee. After all, the report that I published last year on mental illness in Scotland's prisons highlighted that twice as many female prisoners as male prisoners pro rata suffer severe and enduring illness.

On the more general issue that Sue Brookes raised of what might be termed lesser mental illnesses such as anxiety and depression—though they do not feel like lesser illnesses if you suffer from them—the problem is that such conditions are entirely sane results of imprisonment. Normal people who are imprisoned will suffer from anxiety and depression, and people who already suffer from anxiety and depression will not be cured by being imprisoned.

I am not surprised but I am pleased by your quote about people feeling better about themselves. I am sure that some of them will feel that way at least partly because, for the first time in their lives, they will have had some decent health care and mental health care. I pay tribute to the quality of health care in Cornton Vale, specifically its focus on mental health care.

Malcolm Chisholm: Let us move on to the issue of speech and language therapy. This is the third time that I have quoted Dr Fraser—he will wonder what is happening. He said:

"I accept that quite a few women could benefit from speech and language therapy, but, although that ranks among our priorities for what we would like to develop, it is not the highest priority."—[*Official Report, Equal Opportunities Committee*, 21 April 2009; c 953.]

Should the provision of speech and language therapy within Cornton Vale be a greater priority? How crucial are basic communication skills in helping to address offending behaviour?

Sue Brookes: I agree with Dr Fraser that speech and language therapy would be a great thing to have, but so would lots of other things. In a prison of 400 women, there are other basic priorities.

Addressing literacy skills presents a real opportunity in working with female offenders, as it offers ways to get them working with their children and families. The storybook mums and storybook dads projects encourage basic literacy skills by involving parents in an educational experience with their children. That is a positive way of working with families, which can help.

More than once, women arrived at reception in Cornton Vale clearly not knowing who they were, let alone where they were, and I had serious concerns about their ability to understand the court process that they had just been through. I cannot

see how it can be ethically correct for someone to end up in custody without having understood properly the system that they have gone through and without having been able to contribute to the process.

We also received women who had not been properly screened and diagnosed but whose learning age was clearly well below that of a responsible young adult—they had the learning age of a child. Serious questions must be asked about whether grown women who have probably not understood the court process and are unable to articulate their needs and concerns should end up in prison. Personally, I think that they should not.

Speech and language therapy and communication skills are important. However, in an environment of 400 prisoners, they are probably not as important as dealing with other issues, such as acute suicidal behaviour, self-harm and addiction.

Malcolm Chisholm: Have you dealt with the matter in any of your reports, Dr McLellan?

Dr McLellan: Mrs Brookes is right to draw attention to issues for people who come into the prison. However, there are two gender-specific issues about speech therapy that make me glad—and, I hope, make you glad—that the Scottish Prison Service wants to make it a greater priority. The first is to do with confidence. Being able to express oneself does something for one's self-confidence, and if there is one quality that women in Cornton Vale lack in huge amounts it is self-confidence. The second issue is about being listened to. These are women whom, all their lives, no one has listened to. If they cannot express themselves, no one will ever listen to them. Those issues make speech improvement important for these particular women.

Bill Kidd: I have a question that is related to what Dr McLellan has just said. I do not know what proportion of prisoners are deaf or how frequently deafness has to be dealt with at Cornton Vale. Is there any provision for people with deafness or limited hearing to maintain everyday communication? For example, are any staff members trained in British Sign Language? What is done to ensure that prisoners' difficult time in prison is not made worse by the fact that they are limited in their everyday communication with other people?

Sue Brookes: There were no specifically trained staff at Cornton Vale in my time, although there may be now. I am not up to date with that area. To be honest, in my time we did not have a lot of prisoners who were so hearing impaired that they faced real difficulties. The more extreme difficulties tended to be faced by those with

physical illnesses that had to be dealt with. We certainly had interpretation and understanding issues in relation to people from ethnic minorities. At the time, we had a high proportion of women from other jurisdictions, who had usually been involved in drug trafficking of some nature. We had interpretation facilities for them, but we could probably do a lot more.

The Convener: Is the balance correct between programmes that are aimed at getting women back into employment and those that are aimed at developing life skills, such as cooking skills, which help women to deal with a chaotic lifestyle and give them confidence?

Dr McLellan: While men on release are not likely to seek employment, women are even less likely to do so. I wish I was persuaded, as you are, convener, that work programmes in prison are designed specifically to prepare people for employment, but I am not persuaded that they are always as useful as that. However, I pay tribute to one programme in Cornton Vale that we commented on recently: the hairdressing programme, which specifically prepares people for release. I would welcome a greater emphasis on preparation and training that does not make people feel that they are failures yet again. Much of their experience of school will have been of being unable to do something, and much of their experience of work programmes might be the same. The convener identifies things that women, and all people, have to do, such as cooking, budgeting and shopping. I am always clear that the more programmes that we have on such issues, the better.

The Convener: Should the importance of the parenting role and self-esteem in prison be underlined? Surely there can be no greater role than being a parent, and mothers have a key role.

Sue Brookes: Parenting services are provided in Cornton Vale. It has three family contact development officers, which is a significantly greater number than in any other prison in Scotland. The prison runs parenting programmes, although not as many as we might like. When I was there, we developed a family centre in the prison with chaplaincy support, to try to engage families more in individuals' sentence management. There is a range of measures.

I would have liked to develop more parenting and families programmes. By programmes, I mean interventions in the widest sense, through which the family could come in and participate in an holistic way with the offender. It always seemed a bit daft to me to have a parenting programme without the kids if, ultimately, we want to encourage particular behaviours. There is a panoply of measures. To be fair, Cornton Vale

does particularly well on family contact and has developed well in that area.

On employment, Cornton Vale is different from most of the adult male prisons. In my time there, we made an effort to make the activities for women more labour-market facing, although we accepted that many of them would not go into employment, as Andrew McLellan said, or go into part-time employment, perhaps because they were supporting their families. Many of the activities in Cornton Vale, such as laundry, catering and cleaning, were related to the service industry, in part because we knew that if the women got employment at all, it would often be in the hospitality industry or in hotels. People could undertake a particular kind of work in the prison and then move to the independent living units, where they could engage in a placement. For example, they might do hairdressing in the prison and then go on a placement with a local hairdresser, with a view to getting employment. When possible, we tried to achieve such connectivity for women who were capable of doing that and who were serving long enough sentences to gain the qualifications. We tried to join things up.

The independent living units were an advantage, because they allowed women, as they moved out into the community, to practise the skills of budgeting, cooking and looking after a home. I would have liked more opportunity in Cornton Vale to develop areas for activities such as catering. However, when I got there, there was the equivalent of a domestic science room, where people were asked to do domestic science as I used to do it in school. It was a very run-down facility, and for health and safety reasons it could not be retained. It would have been good to build a new facility to allow the women to engage more in health promotion and healthy eating. We could have brought their children in, they could have cooked a meal for them and they could have sat down and eaten it together. We need a different model, one that links up intervention, social skills and self-esteem with issues such as families, parenting and health care in a more integrated way than has been possible.

The Convener: And literacy and language skills.

Sue Brookes: Yes, we could build literacy skills into it, too.

The Convener: That is helpful. Thank you.

11:15

Bill Kidd: I have a specific question on drugs in prison, which has been mentioned a couple of times. We have received evidence from Cornton Vale that 71 per cent of prisoners come in with illegal drugs in their system. A recent study

revealed that 32 per cent of prisoners tested positive on leaving prison. However, we were told that

“requiring closed visits and denying females the opportunity to have a structured and normalised regime would require us to put in place quite an oppressive system.”—[*Official Report, Equal Opportunities Committee*, 21 April 2009; c 959.]

Do either of you have views on the drawbacks or advantages of having a stricter anti-drug regime?

Sue Brookes: Women do not respond particularly well to disciplinary interventions. When I was the governor, we spent quite a lot of time trying to take addiction issues out of what we called the orderly room—the prison’s disciplinary system—and into what we called the care orderly room, which was much more about bringing the addiction expertise in the prison together with the women to talk about why they were still taking drugs. The aim was to discover the issues around that, to find out how we could help them to come off drugs and to establish what information they needed to support them.

That is a much more effective and realistic response than saying, “We are going to lock you up for three days if you carry on taking drugs.” I just do not think that the women respond to that, partly because they usually take drugs to blot out all kinds of traumatic experiences in their lives that they do not want to think about. One of the real challenges with women who are coming off drugs is the fact that, even if we can start to manage their addictive behaviour, that is often the point at which they become much more susceptible to self-harm and suicide. Suddenly, all the issues that they have been using the drugs to blot out bubble up to the surface again. There are critical periods in managing the transition from their taking drugs to their not taking drugs.

The women in the independent living units, which are outside the prison, seemed to relapse more frequently, and when they did so their behaviour was different from that of men. There was a much higher level of absconding among men who engaged in drug-taking behaviour in open prison; the women would walk round to the front gate, chap the door and say, “Can I come in? I’m taking drugs again and I need more support.” There was a different dynamic altogether. Fundamental to dealing with women’s addiction behaviour is an understanding of why they take drugs in the first place and the impact that that has on management of the process, therefore I would not introduce stricter measures.

Drugs are, sadly, part of society, and a big proportion of those who come into the prison system have drug problems. Women hide drugs inside themselves, which is often how they come in, and it is not possible to deal with that

Dr McLellan: I agree with everything that Mrs Brookes has said. People who have easy recipes for ending Scotland’s drug addiction do not understand how powerful and compulsive addiction is. A tighter regime in visiting rooms would perhaps reduce the amount of drugs that come in through visits, but that is only one way in which drugs come into prisons. Mrs Brookes is absolutely right to say that women bring drugs in inside their bodies. That is a key way in which drugs get into Cornton Vale, in particular.

If the level of drug addiction in Cornton Vale—indeed, among prisoners in general—is to be reduced, we must ensure that prisoners are less bored and that we give them a more useful day and a greater sense of purpose. We must encourage them to learn to read and ensure that they have some sense that they are cherished and valued. They must feel that what they have been in the past will not necessarily define what they will be for the rest of their lives. If those things do not happen, they will have no motivation to come away from the momentary relief that the pernicious influence of drugs brings them.

Bill Kidd: That was helpful. Thank you very much.

The Convener: What part do mobile phones in Cornton Vale play in making drugs available there?

Sue Brookes: I do not know the recent statistics. For obvious reasons, a range of intelligence and security procedures are employed to ensure that mobile phones and drugs do not come into prisons, but I do not think that I should give direct evidence on that today. However, those procedures are employed in Cornton Vale in the same way that they are employed in adult male establishments to reduce the possibility of mobile phones and drugs coming in.

The Convener: Are you aware of the problem, Dr McLellan?

Dr McLellan: I certainly am, but I am not aware that there has been more of a problem in Cornton Vale than in other prisons.

The Convener: If we do not have a stricter regime to deal with drug abuse and the availability of drugs in prison, might someone go into Cornton Vale drug free and came out as an addict? That would be an absolute travesty.

Sue Brookes: That argument is often used. One of the difficulties is that many women who go to prison have an intensive drug habit—more than 90 per cent of women who go to prison do so because of a drug-related issue. Their offending is often drug related, and that cannot be stopped overnight. Cornton Vale is not divorced from the outside community. There is only one fence

around it. Women can take drugs into it in all kinds of ways, and we employ all kinds of ways to try to prevent them from doing so. We give them education and offer them programmes, and we have all kinds of security measures, but drug use will never be prevented absolutely, and it is a mistake to try to do so. We should invest more in supporting women with drug problems in the community, so that they do not need to go to prison in the first place.

The Convener: Is the ultimate aim for the women to be drug free?

Sue Brookes: Yes, but the best that many women can attain in their lives is some form of stability. That can often be achieved by being on methadone for long periods of time, which enables them to function perfectly and look after their children. However, in my experience, it is not possible for some women ultimately to become drug free.

Bill Wilson: Dr McLellan, I refer to the findings of your various reports and inspections. What more could Cornton Vale do to prevent reoffending? To what extent have Scottish prisons acted on your suggestions and recommendations? If they have not done so, why have they not done so?

Dr McLellan: I had hoped that I would have an opportunity to say to the committee that the number 1 gender-specific issue relating to the imprisonment of women is the lot of women under 21 in Cornton Vale. Compared with men under 21, those women are significantly disadvantaged. Earlier, we discussed where the emphasis should be. If the emphasis is on early intervention, it should apply particularly to those in prison who are under 21.

I wish that the Scottish Prison Service was able to have a dedicated unit specifically for girls under 21, with staff with no responsibilities other than to work with people under 21 and managers with no responsibilities other than to plan and think about people under 21. Of course, many women under 21 are already caught in the mesh of the life of a woman prisoner that we have described, but those who are under 21 are a prime responsibility, because of the hope that they will not lapse into normal criminal activity, which, in the current circumstances, they learn from the adult company that they keep.

On my inspections more generally, the Scottish Prison Service publishes a response to the recommendations and findings of every inspection. We have already spoken about the failure to respond to my repeated recommendations about toilet access. I have had similar problems with recommendations regarding the handcuffing of women in labour in Cornton

Vale. I have received assurances—which I have had before—from the Scottish Prison Service that that is near an end. Those issues are important, although they are not nearly as important as my larger-scale recommendations, which are to do with overcrowding and preparation for release. The Scottish Prison Service is unable to enact the recommendations because of the crime figures and the resulting number of people being sent to prison, and the economics and funding.

Sue Brookes: We need to place a lot of emphasis on young adults. The distribution of young adults in Cornton Vale has changed over the years. In my time, they were accommodated in Skye house on their own. When I say “on their own”, I mean that they were on their own at night time, in their own accommodation block. However, they mixed with adult women during the day. At the minute, the young adults are distributed into two other blocks, Bruce and Younger. They are in separate sections of those blocks, although adult prisoners are also accommodated in them.

It is fantastic that under-16s will not, I hope, go to Cornton Vale. That was never a huge issue, although a couple of very young girls came into custody during my time there, which was wholly unacceptable. I would like there to be a continuing move towards under-18s not coming into prison. I still regard them, largely, as children. I have seen young women in Cornton Vale trying to come to terms with almost being an adult in difficult and frightening circumstances, and I believe that custody is not the best way to manage them. The more of our young people we can keep out of custody, the better.

I am not sure that I entirely agree with Andrew McLellan about the absolute segregation of young people from adult prisoners. Young adult women in the 18 to 21 bracket often said that they wanted more contact with the adult women in the establishment. They were accommodated in one accommodation block in Skye house, but they sometimes expressed a preference for mixing—in a reasonably controlled and supervised way—at other times of the day, in education or work. That must always be carefully controlled—perhaps the way that we did it in Cornton Vale was not the best way. However, it is not normal for young people to live only with other young people. In society, our children live with adults, and women and men mix together. Women, in particular, are not separated from their children.

The issues of safety, protection and age appropriateness need to be managed for young adults, while we should recognise some of the general societal influences and the need to avoid making the experience abnormal. Some young adult women will tell you that constantly living in a block with lots of other young adults can be quite

annoying at times, and they would prefer the company of older adults on occasion. It is an issue of balance, but we need to keep people safe and secure, and we undoubtedly need more age-appropriate services.

Dr McLellan: Marlyn Glen complained earlier that we were agreeing too much. Sue Brookes and I do not agree on this point. Sue has to take account of the fact that it is not normal to compel young people to mix with adult criminals. She has to ask why what is right for young men is not right for young women.

Bill Wilson: That is interesting. Sue Brookes argues that young men should also have some mixing with adult male prisoners.

Sue Brookes: They do, in some establishments. The issue is perhaps a slightly different one. Perhaps it is partly to do with the design of Cornton Vale, but there is a relatively small number of young adults there—there are about 30 now, compared with 50 during my time—and there are practical difficulties with holding them in the one establishment and giving them equal access to services if some level of mixing is not allowed. Perhaps the issue requires pragmatism. I am trying to reflect the views of some of the young adults as they were expressed to me.

Dr McLellan: The situation is worse than that. These are not simply young women who have been convicted of crimes; they are also young women who are on remand. The environment of Cornton Vale compels them to mix with convicted adults.

11:30

The Convener: The evidence that we have just heard leads on to the final issue.

Bill Wilson: Remarkably enough, you mentioned design, and here we are. In your experience, to what extent are prison design, prison building programmes and the movement of offenders between institutions, for example, based on the specific needs of male and female offenders as opposed to, say, economic factors? What are the main differences that you have observed in the treatment and conditions of male and female offenders?

Dr McLellan: I have made my views clear about the movement of women, which has been entirely in one direction, and has been an unhealthy movement from various prisons in different parts of Scotland to Cornton Vale.

In so far as the design of buildings is concerned, when Cornton Vale was built in the 1970s it was the market leader. That is no longer the case: many of its corridors are dark and many of its

rooms have a sense of being shut away and excluded. Of course, excluded is the last thing that we want prisoners to feel; they have already been excluded. Although Mrs Brookes is right to say that the design of our prisons can encourage more contact between prison officers and prisoners, it can also make the supervision of prisoners very much more difficult.

With regard to the differences in the way in which men and women in prison are treated, it is quite striking that more men work in Cornton Vale than women work in male establishments. Men suffer from that reverse discrimination. Prisoners in general appear to benefit from people of the opposite sex sharing in their custody and care. That happens more in Cornton Vale than in other prisons.

Mrs Brookes is correct to identify a significant innovation—an innovation in which she had a great hand—in the independent living units. It has certainly been commended, but it does not compensate for the opportunity that male prisoners have to move from one jail to another and to feel that they are doing better and have achieved something. It is much more difficult for women prisoners. Entering the independent living units might be possible for a small number of them, but most will serve all of their sentence behind the bars in Cornton Vale. However, it is fair to say that the condition of women prisoners—more of them than male prisoners are ill and frightened—affects the prison regime, which is appropriate.

Finally, very few programmes to address offending behaviour are designed entirely with women in mind. I know that the committee has had conflicting evidence on that from different people. My view is that the criminogenic needs of women are so different that they are deprived by not having more offending behaviour programmes that are specifically designed with their needs in mind.

Bill Wilson: I have a quick follow-up, before Mrs Brookes comes in—

The Convener: I am afraid that we have gone very much over time. It has been an interesting session—some of the evidence has been superb. If you would like to send us any more information, we would very much like to have it. I thank you both for your evidence, which I know committee members have found extremely worth while.

11:34

Meeting suspended.

11:39

On resuming—

The Convener: It is my pleasure to welcome our second panel of witnesses: Provost Pat Reid, who is from Cornton Vale over-21s visiting committee; Jim Scott, who is the chairman of Cornton Vale under-21s visiting committee; Dr Nancy Loucks, who is the chief executive of Families Outside; and Dr Willie Black, who is a consultant forensic psychiatrist with the forensic network. I understand that Dr Black will also be able to answer committee members' questions on the effectiveness of the support that is available for female ex-offenders as well as for those in the prison system.

I apologise to the witnesses. Our evidence-taking session with the previous panel of witnesses overran, so we will try to be much more brisk and to the point in this one. Some of the evidence that is being presented is of tremendous value. I thank the witnesses for their written submissions. We will try to get a lot of what they have said in their submissions on the record.

My first question is for Jim Scott and the Cornton Vale under-21s visiting committee. In your submission, you suggested that few drugs throughcare cases are being referred. However, a witness from Cornton Vale was positive about drugs throughcare. It has been suggested that, although good things came through drugs throughcare, fewer cases are being referred as a result of a change in the system. Will you comment on that?

Jim Scott (Cornton Vale Under-21s Visiting Committee): Basically, what I said is what is happening. We had a good relationship with Phoenix Futures before new throughcare cases were referred direct to local organisations outside. Young offenders are a different breed from adult offenders: they are not inclined to want to go to things—if that makes sense—and we almost have to persuade them to go. If we say to a young offender that we would like her to go to drugs throughcare, she will say that she cannot be bothered to go, whereas as an adult may take the suggestion on board and go. That is perhaps part of the problem, and it ties in with what I said in a previous submission, which is that the young ones really do not want to know. There are two different classes in that respect: the over-21s and the under-21s have different approaches.

Provost Pat Reid (Cornton Vale Over-21s Visiting Committee): I agree. There are marked differences in attitudes towards taking part in programmes. It may be that, the older one gets, the more cynical one gets; I am not sure. Perhaps by the time one is of a certain age, one is so bound to one's way of life that it is difficult to change and one goes on drugs courses simply to fill up time. As Dr McLellan said, life in prison can be full of moments of inactivity, and the older

prisoner probably goes to such groups simply to do something other than lie in her cell, to be honest.

The Convener: Is there a resource problem, or is it purely a matter of the offender's attitude?

Provost Reid: There is a resource problem. The final question to the previous witnesses was about increased supervision for drugs activity. That has been instituted in Cornton Vale in recent weeks, but one result is that officers are no longer available to carry out other, perhaps more fruitful, duties. There is a finite staff resource so, if the staff are watching the prisoners more than they used to, they are not available for other purposes.

The Convener: If there were unlimited resources, what changes to the way in which the criminal justice system deals with young offenders would have the greatest impact?

Jim Scott: We must have separate accommodation for the under-21s. The chief inspector reported on young offenders in January this year, and we gave him the bones of that report in our evidence to him. In fact, he took on board most of what we said.

As I said when I gave evidence to the Parliament several years ago, the problem with the under-21s is that 95 per cent of them are daft wee lassies. They want to play tig or hide and seek in the block. They have to be handled differently. I will defer to my colleague Dr Black on this point, but, although the girls are between 16 and 21, some of them have a mental age that is nowhere near that. They should be given separate accommodation in which specific programmes can be designed for them.

11:45

It might sound stupid, but it is probable that none of them knows how to switch on a microwave. They do not know how to cook. When one girl was let out, she did not know how to get on a bus. There should be programmes that at least teach the young ones what to do when they get outside, and the programmes should not be run with the adults. There are many more adults than young ones, and the skills that we need to get across to the young ones are different.

The Convener: You are talking about life skills.

Jim Scott: Yes. We are very short of life skills programmes for the young ones.

Provost Reid: Oh, to have infinite resources. That is everyone's dream, even if we know that it is not possible. If we had more resources, we would put far more money into early intervention, as the two witnesses on the first panel said.

Many of the women in the prison, whether they are over-21 or under-21, have partners who are in similar establishments. Those partners are often the cause of the women being in prison in the first place, because of their abuse. Far more work has to be done with those men, so that life does not repeat itself for those poor women. A lot of resources will have to go into working with the men.

Dr Nancy Loucks (Families Outside): Wider issues also arise—I am thinking of the earlier question on throughcare. The programmes that seem to be effective in engaging people in throughcare are the programmes that introduce people to an outside worker before they are released, so that they know the person they are going to be meeting and working with.

For a central establishment such as Cornton Vale, it is not always possible, let alone practical, for people from all 32 local authorities to come and make connections before someone is released. However, such introductions are an effective way of ensuring that, after release, people take up the services and support that are available to them.

The Convener: Is it part of the problem that 32 local authorities can potentially be involved?

Dr Loucks: It is a big part of the problem, but we also have to remember that many support services—especially ones that are designed specifically for women—simply do not exist in many places.

Dr Willie Black (Forensic Network): It is unfortunate that people who need basic life skills have to acquire them in prison. The fact that they are in prison in the first place is a major failure of the system.

Willie Coffey: My question is for Dr Loucks. In your submission, you mention an urgent problem—the lack of visitor facilities at Cornton Vale and the impact that that has on family contact and, thereafter, on reoffending rates. Will you tell us about that impact and explain why it seems to have such a devastating effect on family contact and reoffending?

Dr Loucks: In general, almost half of prisoners lose contact with their family simply because they are in prison. Transport, travel, cost and convenience difficulties can arise, and if visitors have a bad experience once they get to the prison, it might prevent them from maintaining contact.

More particularly, it can be difficult for people who come from any number of places—Dumfries, Inverness or the islands, for example—to travel to a central establishment. Also, whether a single parent can be visited by their children might depend on a social worker being available to bring the children in. That is not always possible.

Family contact is often a big motivator in keeping women out of prison, as is taking care of children. Such contact can be lost, even after a very short period of custody. That can be especially difficult for women.

The visiting facilities at Cornton Vale are very poor. The waiting area is tiny, and there is no information or support for families who arrive, other than leaflets on a wall. People might have travelled a long distance, but there is nothing in the way of refreshments and there is no place for them to wait if they arrive an hour or two early. There is nothing.

That is why Families Outside has considered models of prison visitor centres, such as that at Edinburgh prison, which has a purpose-built facility that makes the visiting experience much easier for families and helps them to access resources to support their relations with the prisoner and their travel costs and to deal with concerns about debt, housing and all the other issues with which visitors tend to arrive at prisons.

Willie Coffey: I am shocked that, although Cornton Vale opened in the 1970s, it has no adequate visitor centre. Are we surprised that people want to visit family members in prison? I am appalled that such a facility has not been developed in the past 30 years.

I am interested in what happens when contact is lost. Is an immediate short-term loss of contact—for obvious reasons—sustained? Does the lack of the opportunity to maintain contact with someone who is in Cornton Vale cause further damage to families?

Dr Loucks: That loss of contact can be sustained—that is a difficulty. People have a better chance of resettlement after release if they have family contact, because they will have a place to stay and social support, and will be more likely to have financial support—those are some of the reasons why reoffending is reduced when family contact is maintained, particularly during and after custody. It is difficult to know how easily such contact can be re-established once it is lost. We aim to ensure that such contact is not lost, if it is in the best interests of the family and the prisoner.

Willie Coffey: As a new member of the committee, may I ask whether the committee is considering improvements to the visitor area at Cornton Vale?

The Convener: We are examining whatever we can do to improve the prison experience and help to reduce reoffending. All such issues will be discussed. That is one of many issues, which we thank you for raising.

Willie Coffey: Good—thanks.

Jim Scott: A building at Cornton Vale used to house a cafeteria called Annie's, which closed. It is now used as a training centre, which is also to be closed. A building at Glenochil is to be flattened—it is to be pulled down—and nothing will be put in its place. That building is old, but it is capable of being economically refurbished to serve as a visiting centre—the same applies at Cornton Vale. However, finance is not being made available for that to happen. As Dr Loucks says, it is an issue that families travel from all over the place to visit the national centre and cannot even get a cup of coffee when they arrive. That is not right.

Dr Loucks: The Scottish Prison Service is aware of such issues and has established a national children and families development group to consider visiting and family contact. That group has discussed visitor centres. The Prison Service is more interested in having services for families within the main prison, but when such provision is not possible because of the building's structure, as at Cornton Vale, it is willing to discuss options such as visitor centres. The building outside Cornton Vale that Jim Scott mentioned has been discussed as a possible visitor centre, but that option has not been developed yet.

Marlyn Glen: My question is mainly for Dr Loucks. Scotland's Commissioner for Children and Young People has asked for more attention to be paid to how children are affected by the imprisonment of women. What are the most significant barriers to considering the impact on children when women are sentenced?

Dr Loucks: No structure is in place for that to happen, other than through social inquiry reports, which are supposed to take that impact into account. However, the emphasis in social inquiry reports is on the person who has just been convicted, rather than the family. We would like a separate piece of work to be done—a child or family impact assessment, as Kathleen Marshall's report on the children of prisoners recommended. We have an intern from Portugal who is looking into how that could be done, who would conduct such assessments, how the assessments would be used, what their purpose would be and whether judges would take them into account. We hope to finish that work in the next few months.

Marlyn Glen: That sounds good.

Your submission refers to the lack of family addiction programmes in Scotland. What are the benefits of such programmes?

Dr Loucks: We mention that because of research in the United States on family addiction programmes. Rather than focusing work purely on the person with the substance misuse issue, such programmes involve the entire family, because the

family usually have to care for that person while they deal with their addiction. The research is finding that, when the entire family is involved in supporting the individual through the process, not only does the family know what to do in the event of overdose or relapse but the individual is more willing, or more likely, to engage with the service and complete the programme. The success rates are about 80 per cent, in comparison with the much lower rates in more conventional addiction programmes.

Bill Wilson: We have heard quite a lot of evidence suggesting that there is difficulty with communication between the Scottish Prison Service and the national health service and that there are delays in getting information on addiction services and in getting basic treatment, such as for kidney problems. Do you share the concerns about the communication problem? Do you think that the problem exists? If so, how would you improve the situation?

Dr Black: There is a problem, partly because Cornton Vale provides a national service, so we potentially have to deal with every doctor in Scotland. The position in male prisons is different, because, by and large, men go to their local prison for a short sentence, so they have good links with local services. As well as working at the state hospital, I work in Lanarkshire. If I have a patient in Cornton Vale who is from Lanarkshire, I know how to get to the relevant computer systems and I can make a phone call to my secretary to get any background information that I need. If I am dealing with someone from a health board area with which I am not familiar, the situation is quite different.

We do not always get responses to specific requests for information, which is disappointing. One would hope that one's colleagues' professional standards would cause them to provide information promptly.

Bill Wilson: Why would they not provide information?

Dr Black: I do not know. It is unfortunate. Prisoner patients are a rather excluded group who are not necessarily prioritised. Also, colleagues are busy elsewhere. Sometimes the legal requirements and data protection procedures and so on can slow things down a wee bit. However, it is unfortunate that some requests for information go unheeded. The system works well when we are dealing with people who have had contact with the services covered by the forensic network, but it would be fair to say that it provides services only for the most ill and most risky mentally disordered female offenders. The majority do not come within its ambit.

One major problem with communication on the throughcare side is that, quite often, I do not know

where prisoners are being liberated to; nor do the prisoners themselves. I find myself having to provide somebody who has a severe mental illness that we have managed to treat in prison with a "To whom it may concern" letter, which we hope they do not lose before they get signed up with a general practitioner. That is unfortunate. It is deeply troubling for all aspects of the woman's life that she does not know where she is going to be living right up to the moment of liberation. That certainly does not aid throughcare planning.

Bill Wilson: Can you think of any way to improve the situation? From every possible angle, it sounds rather bad.

Dr Black: We are talking about people who know when they are going to be leaving prison. If it was possible to find some way of allocating accommodation well in advance of their leaving, that would make quite a big difference. However, if it was done only in the last few days before they left, that would be no use to me, because in that space of time I cannot identify the community health team or general practitioner who might be involved.

The Convener: Could community justice authorities look at that? Are there representatives from health boards on community justice authorities?

Dr Black: I am afraid that I do not know the answer to that.

The Convener: That is a question for the community justice authorities.

Bill Wilson: Given the demands on its resources, what can the national health service realistically do to ensure greater engagement with female offenders and ex-offenders? Is it realistic to expect NHS staff to take a more lenient view if an ex-offender continually fails to keep appointments? We heard evidence that some women were concerned that if they missed one or two appointments they would find themselves knocked off the register.

Dr Black: It would be desirable if female ex-offenders were given more leeway, but the reality is that most services are very stretched as it is and they usually have fairly stringent non-attendance rules, which are applied across the board. The people with whom we deal fall foul of them more often than others.

12:00

Bill Wilson: It occurs to me that people with drug addictions—even if they have not offended—must be not only more in need of help than many other people, but more likely to fall foul of the rules because they have more irregular lifestyles.

Dr Black: Yes, and therefore they breach the "one missed appointment and you are out" rules that exist.

Dr Loucks: On the convener's question about community justice authorities, I cannot speak for other community justice authorities but the Lothian and Borders community justice authority has an NHS representative, Dr Phil Mackie, who chairs the health and wellbeing group that is specifically looking at engagement with GPs on prisoners' release from custody.

The Convener: There are many generic questions and we may not get through them all by the time we aim to finish, which is 12.45 at the latest. If people want to be specific and brief, and if only one person wants to answer a question, that is fine. We will see how far we can go with the questions, on which we very much want to hear the panel's views.

Does the panel think that improvements could be made to the information that is gathered about female offenders and ex-offenders in a way that would provide precise evidence and help to assess how the prison experience has or has not helped to prevent reoffending?

Dr Loucks: I would like more questions to be asked on reception about caring responsibilities—whether it is child care or care for other relations—because that can be a particularly distressing aspect of custody. We have no idea how many families, and children in particular, are affected by the imprisonment of a primary carer. We can only guess, and all the figures are based on guesses at the moment. We should have more information on that.

The Convener: Earlier, there was quite a bit of discussion—the panel probably heard it—about the impact of overcrowding and short-term sentences. Does the panel wish to comment on that? Who would like to start?

Jim Scott: Short-term sentences for young offenders are very problematic. They cannot get on to the programmes that we offer in prison because they are not there long enough for those programmes to have any effect on them. I do not believe that some of the short sentence offenders should be in prison: they should be in secure accommodation that is specially designed for their needs.

My colleague Dr Black referred to psychiatric problems. I suggest that most young offenders who come into prison nowadays have real psychiatric problems: they do not know where they are; they have no idea what life is about; and they are just wandering all of their lives. Because of that, we really must address why they come into jail and why they should be put in a closed, confined building. If they were put in a less secure

unit, I do not think that they would abscond. I do not think there has been an absconder from Cornton Vale—I have not seen one, and I have worked there for 15 years.

Women do not abscond from jail: they are happy to stay in jail because they feel secure. When they go outside they get a punching from their boyfriend and told to get back on the street or whatever. Finding a place for short-term sentences to be served that is not prison would be a much more successful way to cure the problem that we have.

Provost Reid: My concern about my area—Falkirk—is that of late there has been quite a fall in the number of diversions from prosecution through the procurator fiscal system. We think that that can be attributed to the difficulties that the system is facing in terms of manpower, which has led to a large increase in the number of short sentences. There should be more emphasis on community service.

In Falkirk, we have a women-only community service, which is largely a craft exercise. It has a woman supervisor and has been on the go since 1998. In addition to that, the women can access the local college, perhaps for numeracy skills, for example, and that has proved to be very successful. There should be far more emphasis on community service that is designed for women.

The Convener: Is there sometimes an issue with temporary sheriffs who are not aware of the community disposals that are available?

Provost Reid: Our written evidence refers to one particular sheriff with whom that was the case, although it was anonymised to spare his blushes.

The Convener: I hope that we can take up that issue informally with the sheriffs.

Dr Black: I echo Pat Reid's comments. I started at Cornton Vale in 1999, about the same time as the publication of "Women Offenders: A Safer Way", which followed on from an horrendous spate of suicides. There was a recognition then that by and large the women in Cornton Vale did not need to be there and that far too many people were remanded in custody. Since then, the number of remands per annum has doubled and the number of sentence receptions has stayed roughly the same, but the sentences are getting a lot longer. The risk that those people present does not justify concentrating them behind a fence in one part of Scotland; they could be managed more safely closer to home.

Malcolm Chisholm: We asked the previous panel of witnesses for their views on what causes women to commit crimes. Obviously, that is a complex and long-standing question, but it would

be interesting to get Dr Black's view on it. The other witnesses may also comment if they wish.

Dr Black: Many of the crimes are acquisitive offences to fund substance use—that is a major factor for our prisoners. As has been alluded to, there are also those who, in effect, seek shelter and asylum. An alarming number of prisoners come to see—fairly early on—spells in prison as basically part of their lifestyle and something that they want from time to time. A small and not-very-well-studied group of individuals have been deinstitutionalised from learning disability establishments and, in effect, have swapped one asylum, in the form of a long-stay learning disability hospital, for another, in the form of short stays in custody.

Jim Scott: I endorse what Dr Black says. We must consider alternatives. Although we have a great number of pronouncements about that, we are not considering why we stick people who get a four-month sentence into Cornton Vale jail, at the cost of £30,000 a year, when we could put them somewhere where they could learn something. They are not learning—they just go into jail and come out again. I think that that is where Dr Black is coming from, and it is certainly where I am coming from.

Malcolm Chisholm: Could you go further into that, Dr Black? You were clear about the immediate issue, but many witnesses have talked about the women's backgrounds and life experiences. Perhaps you do not want to do that; perhaps you just want to leave it at drug addiction and related acquisitive crime. Could you generalise and give a picture of the background to the drug addiction and other issues?

Dr Black: I am aware from reading the *Official Report* of previous committee meetings that you have had a lot of information on that. The women are a disadvantaged group who have not been well treated in the lead-up to beginning their criminal careers. Unfortunately, the experience of being taken into prison at an early age further excludes them. I spoke about the inconvenience to professionals of people leaving without giving an address, but the experience is clearly very excluding.

Bill Kidd: I want to follow up on what has been said about short-term sentences, which lead women to suffer exclusion from society, family disruption and separation from their children. Wariness of short-term sentences as a solution to criminal activity has been well expressed; witnesses have questioned whether such sentences serve a purpose. If we are to question the effect, should the Government try to change the public's perception of short-term sentences? Many people who perceive themselves to be victims of crimes—personally or as communities—

want someone to take the rap, so for them a short-term sentence will do. Is there a way of changing that perception?

Dr Black: There is probably not, but we should not necessarily give in to it.

Dr Loucks: There is a way of addressing the issue. If the overall aim is crime prevention, we want to consider what will prevent future crimes. Mr Scott talked about the need to address the reasons behind offending behaviour. Short-term sentences do not have time to do that. If we are seeking longer-term prevention of future crimes, we need to consider for example options such as the 218 centre, the sole purpose of which is to address the reasons for offending behaviour.

Provost Reid: To a large extent, the problem is fed by the media. Just this weekend, there was a rather unfortunate headline about Cornton Vale, which was described as the most dangerous prison in Britain. That is hardly the case: members have visited the prison, and I think that you would dispute that description.

The Convener: Dr Loucks, is there any value at any time in short-term prison sentences?

Dr Loucks: The answer would depend on whom you ask. As we said earlier, there is value in making people feel that something has been done, that there has been a response and that there is a punishment. However, that is very short sighted. There needs to be more focus on what will stop crimes happening again. That is missing, at the moment.

The Convener: Can anything be done during short-term sentences to support rehabilitation programmes or to deal with the—albeit complex—issues that women have when they go into prison?

Dr Loucks: There is scope for that if the issues are identified, and if support and encouragement are available in the community to enable women to address them. The process is resource intensive; it takes a lot of encouragement for people to take advantage of voluntary throughcare, for example. Often there is so much focus on statutory throughcare that the resources that would enable people who want voluntary throughcare to take it up are simply not available.

Willie Coffey: I want to pursue the question whether community disposals are more effective than custodial sentences. We have mentioned the 218 centre, which is, I understand, soon to be reviewed. What other body of evidence would you care to draw on in support of the principle that such approaches are far more effective than prison in tackling reoffending?

Dr Black: We should consider not just whether community disposals are more effective but whether they are less damaging. We have

discussed at some length the damage that imprisonment does.

Dr Loucks: We must also consider the reality of what staff can do with people who are in custody for a short time, especially when so many people are in custody. It is literally about holding people until they can be let go. The number of staff and the physical facilities that would be needed to address the deep needs with which people come into custody are simply not available.

Provost Reid: One problem is the lack of resources in the community. There are 400-plus prisoners in Cornton Vale. In Falkirk, there are around 600 people on bail, probation or supervised orders, but only 30 staff to deal with them. That illustrates the problem with community service. There can be a real lack of resources to cope with people who are not in prison but are under some form of supervision.

Jim Scott: I return to short sentencing, because it is central. You cannot change a girl's basic life structure by putting her in prison. We are dealing with girls whose backgrounds include being beaten and thrown out on to the street. We have had girls of 17 at Cornton Vale who have never had a bed and who sleep rough. People are not aware of the background when a kid goes to jail. In the view of our committee, being sent to jail is not a punishment—the punishment is being deprived of your liberty. The basic logic of a sheriff putting somebody in jail is to deprive them of their liberty rather than punish them—the punishment is their being deprived of their liberty. We must make the community understand that a prison sentence is a deprivation of liberty rather than a punishment.

12:15

Marlyn Glen: I want to talk about alternatives to Cornton Vale. The 218 centre has been mentioned. I get the feeling that everyone who has given evidence thinks that the centre, which is being evaluated, does good work. Everyone seems to agree that we should replicate that elsewhere. However, there is less agreement on whether it would be better to have smaller prisons for women dotted around Scotland rather than concentrating women in Cornton Vale. What do the witnesses think? Should we have smaller prisons, but retain Cornton Vale?

Jim Scott: As Dr Loucks said, there would be an advantage in having smaller prisons. For example, women from Inverness could go to a prison in Inverness rather than to Cornton Vale.

If Cornton Vale had the kind of money per head of population that it takes to run the 218 centre, we could do quite a decent job. We must consider what provision costs as well as what good comes

from it. In that respect, the 218 centre is a very expensive operation.

Provost Reid: As I might have mentioned in our written submission, the number of cross-border and non-United-Kingdom prisoners in Cornton Vale is an increasing problem. They take up a lot of time, space and resources.

I would be in favour of having smaller units that would not necessarily have to be like prisons. For example, would they have to be secure units? Would the women have to be locked in cells for 20 hours a day, seven days a week? Such questions must be considered. I hope that the Equal Opportunities Committee will address them when it eventually reports to Parliament.

Dr Loucks: As the committee knows, we support the idea of local establishments, where possible. Obviously, Cornton Vale operates on the premise that it is a concentrated and specialised resource to address women's needs. I can certainly see the benefit of that, but smaller units, especially the Scottish Prison Service's concept of community-facing prisons, should be able to draw on such expertise. However, I am concerned about the idea of having a women's section in a men's prison, as was the case at Inverness, Dumfries and Aberdeen. In such circumstances, the women tend to be sidelined and are able to use facilities only when the men are not using them, and it is not certain that facilities that are designed for men would be adapted for women.

Women's establishments must be female focused and separate from men's establishments, if possible, although that is expensive. Kenny MacAskill has spoken approvingly of the Scandinavian model of imprisonment. For Sweden, which has a prison population that is similar to Scotland's, there are more than 100 establishments that are based on the smaller local model. That seems to offer the best support and the best way of preventing future offending.

Dr Black: There is no doubt that local units would prevent problems such as dislocation of services, and would improve all agencies' throughcare. However, their design would have to ensure that they were not just scaled-down versions of Cornton Vale.

Malcolm Chisholm: We have heard a lot about the mental health of women in Cornton Vale and have been told that 70 or 80 per cent have mental health problems. We have also been told that 6 to 9 per cent have severe and enduring mental health problems. My questions are addressed initially to Dr Black. To what extent is Cornton Vale successful in addressing those problems, or to what extent can it be successful? To what extent would women be better placed somewhere else,

such as in the community, or perhaps in some cases, in hospital?

The survey figure that 80 per cent of women feel better about themselves on release suggests that they are gaining something from Cornton Vale with regard to their mental health. The issue comes up again and again, so it is important for us to have an understanding of what is involved.

Dr Black: We are quite good at meeting the needs of the more severely ill group. For instance, if a person is so ill that they require hospital treatment, I can usually manage to find a place for them in a low-security ward. It will not necessarily be that close to their home, however. Services are often oversubscribed and we need to phone around. Nevertheless, it is usually closer than Cornton Vale.

There is a reasonable range of services for the group of people who need to be removed from prison altogether. Most of the 80 per cent have problems with anxiety, depression, post-traumatic difficulties, substance abuse and personality disorder—the sort of mental health problems that would usually be treated in the community. To some extent, we are not that good at dealing with that group, mainly because we are dealing with the more severely unwell people.

In prison—certainly, in Cornton Vale—there is a marked lack of psychological input. At one point, we had a nurse who was trained to provide a cognitive behavioural therapy service, but that was never adequately funded and the nurse left before she had a chance to practise that therapeutic role. We have no individual clinical psychology input at present. We get some help from Open Secret—the committee heard evidence from a member of its staff a couple of weeks back—which provides a useful service, although it is sometimes given to people who are serving short sentences or are on short remands, who it is difficult to get engaged in that time.

Although they would perhaps not warrant hospital transfer, prisoners' health issues are enduring problems in their own right and need a consistent approach. Individuals who are engaged in treatment in the community are quickly disengaged by being imprisoned and, because they will not necessarily go back to the catchment area that they came from, re-engagement can be difficult.

Malcolm Chisholm: How does the mental health profile of women prisoners compare or contrast with the mental health profile of male prisoners?

Dr Black: One of the main differences is that the mental health problems of female prisoners are more out in the open. I work at Shotts prison as well as at Cornton Vale and, true to the Scottish

stereotype, the men are much less forthcoming in emotional matters. The level of mental ill health is probably the same and there are probably the same types of difficulty, but male prisoners are less likely to self-refer.

Provost Reid: I am on the management committee of Open Secret. I am not privy to cases, but the person who gave evidence to the committee submitted a report about two months ago, following her appearance here. I have copies of the report with me and could give them to the clerk. The report might amplify the evidence that she gave.

The Convener: That would be helpful. We would appreciate that.

Malcolm Chisholm: I also want to ask about speech and language therapy. Dr Fraser, from the Scottish Prison Service, said that

“quite a few women could benefit from speech and language therapy, but, although that ranks among our priorities ... it is not the highest priority.”—[*Official Report, Equal Opportunities Committee*, 21 April 2009; c 953.]

How crucial are basic communication skills in helping to address offending behaviour? To what extent does that strike you—either as a visitor or as a professional—as an important area to be looked into further? Do we need a better service or is current provision adequate?

Dr Black: Even in the NHS, most of us get by without the assistance of speech and language therapists. They have a specific role in learning disability, which is not my specialist field. I imagine that they would have a useful role to play with younger prisoners, as well. You would need to get some speech and language therapists to advise you as to what they could do.

Dr Loucks: Polmont is currently the only SPS prison that uses a speech and language therapist. She works only part time there, but her work has certainly been extremely well regarded. Where speech and language therapists have been employed in prisons in England, they have done some tremendous work in identifying issues. Sometimes people cannot readily be identified as having a mental illness or other learning disability issue or as being a borderline case. For example, a prisoner might exhibit a particular behaviour that the staff cannot quite pinpoint. The staff might have known that something was wrong because a person was particularly annoying, but the speech and language therapist identifies the issues, helps to address them with the prisoner and helps the staff to know how best to work with that person. There is quite a bit of research on that from England. The Prison Reform Trust has just finished some work on offenders with learning difficulties and learning disabilities in which the

benefits of speech and language therapy came out very strongly.

Bill Kidd: I think that all the witnesses heard the previous responses on how drugs are viewed within the prisons system. Speaking about Cornton Vale, a previous witness said:

“71 per cent came into the prison with illegal drugs in their system ... A recent study on those leaving the prison revealed that 32 per cent tested positive ... Clearly, requiring closed visits and denying females the opportunity to have a structured and normalised regime would require ... an oppressive system.”—[*Official Report, Equal Opportunities Committee*, 21 April 2009; c 959.]

Do any of the witnesses have an opinion on the drawbacks of a stricter anti-drugs policy in prison? Would the drawbacks outweigh the benefits that people gain from having some normalisation of life while they are in prison?

Jim Scott: Let me give an example. Following a drugs search of a cell in the young offenders institution yesterday, a girl was found to be dealing drugs. Clearly, the question is how the drugs got into the prison, but dealing in drugs made her more powerful.

I fail to see why we do not send sniffer dogs into cells—it might be a breach of human rights or something—because that is the only way in which the women will be found in possession of drugs. A new electronic device that will come into the jail is called a BOSS—body orifice security scanner—chair. The girls will be required to sit on the chair and it will say whether they are carrying drugs internally.

A lot of drugs get into prison on the way from court. When many of the girls go to court, drugs are passed to them in court that they then bring into jail. A prisoner coming into jail is not allowed to be internally searched. Hence, a lot of drugs get into prison. Drugs become a power game, quite apart from the fact that people want to use drugs. The girl who was caught yesterday was carrying four valium—how valium gets into prison beats me because we no longer serve valium as far as I know—but she dealt in drugs to gain power.

I do not know whether that answers the question, but that regime will continue running in the jail until someone stops the drugs getting into jail. The BOSS chair or using a sniffer dog within the block might help.

Bill Kidd: In the evidence that we heard earlier, it was suggested—I am paraphrasing—that drugs are used in society in general so they do not, as long as they are not allowed to get out of hand, necessarily undermine the everyday regime in prison. Are you suggesting that the powerplay among prisoners necessitates a stricter policy in dealing with illegal drugs?

Jim Scott: The powerplay among prisoners is one issue, but another is that attempts to get people off drugs and into rehabilitation are not helped when people are piling drugs into jail. That does not help Dr Black's work—he is trying to get people off medication and other things that damage the person's lifestyle externally. I am very much in favour of stopping drugs getting into jail by using alternative methods to those that are currently used.

12:30

Dr Loucks: Although there is an argument that there will be drugs in prison as long as there are drugs in society, we are talking about a range of drug use, involving different drugs that people use for different reasons. For example, a person's drug use might depend on what they are likely to get caught with and what is likely to show up in a drug test.

Families Outside is extremely concerned about the idea of bringing in more restrictive measures, such as closed visits, because that is a families' and children's rights issue as much as it is a prisoners' rights issue. One of Cornton Vale's family contact programmes is called the little cherubs' visits, which are enhanced-quality visits that are supposed to improve engagement between mothers and their children. Such visits are open only to women who can show, through negative drug tests, that they are not taking drugs. Only about nine people regularly take part in those visits. The programme also has a sentence-length restriction on it, so it is not used as much as it could be. As an organisation, we feel that the family should not be punished for what the prisoner does, unless the family is directly involved in any wrongdoing. If a family were implicated in bringing drugs into prison, of course there should be protection to prevent that happening again. However, according to the United Nations Convention on the Rights of the Child, children's rights are supposed to take priority, but they do not.

Dr Black: It is possible to have a relatively drug-free environment. All the Scottish prisons are pretty leaky as far as drugs go, but there is a very low level of drug use in the State hospital, despite the fact that around 80 per cent of our patients have a history of significant drug misuse. That is partly because our turnover of a few dozen patients per year is much lower than that of other institutions, which deal with a few thousand receptions per year. It is also to do with the existence among our security staff of a strong culture of stopping drugs coming in. Mechanical and chemical sniffers do away with the need for invasive personal searching or the use of scary things like dogs.

The Convener: If the new technology that Mr Scott mentioned—the BOSS chair—were available, would that avoid the need to consider closed visits?

Dr Loucks: I certainly think that it would help. As has been said, there are relatively non-invasive ways of preventing drugs from coming into prisons. Shotts uses one of the BOSS chairs—I think it is the only prison that does.

Jim Scott: Dumfries also use one of the chairs.

Dr Loucks: It is a question of considering alternatives to preventing people from having contact with their families that do not involve pinning people to the floor.

The Convener: That is very helpful.

That brings us to the end of our generic questions. Do the panel members have anything to add?

Dr Loucks: I would like to pick up on an issue that was discussed with the previous panel—the use of the 218 centre, who should benefit from such services and whether they should be available to women in general rather than just being a support for female offenders. At the beginning of its life, when access to 218 was wider, about half the referrals to the service were self-referrals. The women in question fitted the criteria in terms of substance misuse, need and previous involvement in offending. Self-referrals were stopped because 218 was 100 per cent criminal justice funded and there was a desire to ensure that all referrals came from a criminal justice source.

I think that the present state of affairs represents a missed opportunity as regards longer-term prevention. The women who used 218 were not concerned only about ending up in custody—their biggest fear was of dying. If we are talking about longer-term prevention work with women who are involved in offending or who are heading in that direction, we need to look at the bigger picture; we cannot just take a criminal justice view.

The Convener: That is extremely helpful. We have explored the idea of using other centres and keeping 218 for the prisoners with whom it is intended to deal—those who suffer from revolving-door syndrome. Other secure accommodation and help are available.

Dr Loucks: It should be borne in mind that 218 is a community-based resource. Such services do not have to be residential. If they are not, they can have a broader reach.

The Convener: Yes—that is right.

Do any of the other panellists have comments?

Provost Reid: There is a wide enough range of alternatives to custody, but sometimes they are handled by different people in different ways and there is often a lack of co-ordination locally. I am not suggesting that we set up yet another quango, but there might be an argument at least for multi-agency working, if not for making one group responsible for dealing with alternatives to custody that could use the other agencies.

The Convener: We hope to hear from the community justice authorities about how they fit into that pattern. That was certainly the argument that was made when they were set up. It will be interesting to find out to what extent they have satisfied that objective.

I thank all the panellists very much. As always, your written and oral evidence has been invaluable, and we look forward to using some of it in our final report.

12:35

Meeting continued in private until 12:40.

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